

Floyd Law, PLLC

P.O. Box 5452
Texarkana, Texas 75505
(903) 306-0373
txlawyers.com

May 1, 2024

Service of Process
Secretary of State
P.O. Box 12079
Austin, TX 78711-2079

VIA CERTIFIED MAILING TRACKING #:
9589 0710 5270 1253 3861 84

RE: *Orr Auto, Inc. d/b/a Orr Volkswagen v. Autoplex Services, LLC d/b/a Motor Vehicle Services; U.S. District Court Eastern District of Texas, Texarkana Division; Civil Action No. 5:24-CV-29*

To Whom It May Concern:

Enclosed are 2 copies of a Summons and 2 copies of a complaint. Please accept service and forward these in accordance with the completed Form 2401 enclosed to:

Autoplex Extended Services, LLC
Attention Keith Horneker, or any officer, managing or general agent
2410 Hwy 94 South Outer Road
St. Charles, MO 63303

I have enclosed an additional 2 copies. Please accept service and forward these in accordance with p. 5 of the completed Form 2401 to

Autoplex Extended Services, LLC
Attention Keith Horneker, or any officer, managing or general agent
2275 First Capitol Drive
St. Charles, MO 63301

Also, I have enclosed a check for \$110 and thank you for your assistance with this matter.

Sincerely,



Cory J. Floyd
TX Bar No. 24049365

CJF/mj
Enclosure

Form #2401 Rev. 09/23

Submit to:
Secretary of State
Service of Process
P.O. Box 12079
Austin, TX 78711-2079
512-463-1662
FAX: (512) 463-0873
Filing Fee: \$40
Certificate Fee: \$15.



This space reserved for office use.
Service Number:

**Service of Process
Forwarding Request**

IMPORTANT. The information requested must match the information on the Citation. The information below is entered into a database exactly as indicated below. Do not abbreviate or omit information that should be included for Service.

1) Case / Docket Number: 5:24-CV-29

2) Court Number: (The court the case was filed in.) United States District Court for the Eastern District of Texas

2a) County: Bowie

3) Case Style:

PLAINTIFF/S (Name(s) as they appear on the Citation (including dba, aka, and fka)):
Orr Auto, Inc. d/b/a Orr Volkswagen of Texarkana

DEFENDANT/S (Name(s) as they appear on the Citation (including dba, aka and fka)):
Autoplex Extended Services, LLC d/b/a Motor Vehicle Services
a Missouri Limited Liability Company

4) Deliver Certificate Of Service To: (check appropriate box)

Attorney
 Process Server
 Other: _____

None Requested

Name (Individual): Cory Floyd

Firm Name: Floyd Law, PLLC

Address (Street, City, State, Zip Code):

3211 McKnight Crossing

Street

Texarkana

TX

75503

City

State

Zip Code

Bar card (if applicable): 24049365

Note: Certificate of service will be mailed to the address provided above, we do not email certificates

5) Type Of Document: (Check the appropriate box)

Citation/Petition
 Notice of Hearing
 Subpoena
 Other: _____

Summons/Complaint

6) I have included the 2 **exact** required copies of the documents requested for forwarding

7) Defendant Name and Address For Forwarding:

Check here if there are multiple defendants and use attached addendum

Autoplex Extended Services, LLC d/b/a Motor Vehicle Services

Defendant Name for Forwarding (as it is on citation)

Keith Horneker

Registered Agent name if applicable

2410 Hwy 94 South Outer Rd

Street

St. Charles

MO

USA

63303

City

State

Country

Zip Code

7a) Address For Forwarding (Outside Of US):

Street

City

State

Country

Zip Code

The Office will contact the submitter listed below with any questions.

Requestor's Name: Cory J. Floyd

Phone: 903-306-0373

Email: cory@txklawyers.com

Fees

Processing Fee \$40 per service

\$1.5 per certificate

Processing Fees are nonrefundable

Failure to include the required fee will result in a delay with forwarding.

Form #2401 Addendum - Additional Defendants (each additional defendant is a \$55 fee and requires 2 additional copies of all submitted documents)

1) Defendant Name and Address For Forwarding:

Autoplex Extended Services, LLC d/b/a Orr Volkswagen of Texarkana

Defendant Name for Forwarding (as it is on citation)

Keith Hornekér

Registered Agent name if applicable

2275 First Capitol Drive

Street

St. Charles

City

MO

USA

63301

State

Country

Zip Code

2) Defendant Name and Address For Forwarding:

Defendant Name for Forwarding (as it is on citation)

Registered Agent name if applicable

Street

City

State

Country

Zip Code

3) Defendant Name and Address For Forwarding:

Defendant Name for Forwarding (as it is on citation)

Registered Agent name if applicable

Street

City

State

Country

Zip Code

4) Defendant Name and Address For Forwarding:

Defendant Name for Forwarding (as it is on citation)

Registered Agent name if applicable

Street

City

State

Country

Zip Code

5) Defendant Name and Address For Forwarding:

Defendant Name for Forwarding (as it is on citation)

Registered Agent name if applicable

Street

City

State

Country

Zip Code



CERTIFIED MAIL



9589 0710 5270 1253 3861 84

Crossing
15503

Floyd Law, PLLC

Service of Process
Secretary of State
P.O. Box 12079
Austin, TX 78711-2079

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Service of Process Secretary of State P.O. Box 12079 Austin, TX 78711-2079</p> <p>9590 9402 8692 3310 5735 91</p> 		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1253 3861 84</p>		<p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>1. Article Addressed to:</p> <p>Service of Process Secretary of State P.O. Box 12679 Austin, TX 78711-2079</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1253 3861 84</p>	
<p>COMPLETE THIS SECTION ON DELIVERY</p>	
A. Signature	<input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name)	<input checked="" type="checkbox"/> Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TX Comptroller Mail	
MAY 06 2024	
<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery</p>	
<p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> Mail Restricted Delivery</p>	
9590 9402 8692 3310 5735 91	
Domestic Return Receipt	

PS Form 3811, July 2020 PSN 7530-02-0000-9053